



NIH FCU SUBORDINATION REQUIREMENTS

NIH FCU Member(s) Name: _____ Loan# _____

*** INCOMPLETE PACKAGES WILL NOT BE ACCEPTED AND/OR PROCESSED ***
(Please type all information requested)

Please provide all requested information as follows:

- 1. Complete copy of the lenders typed Residential Loan Application/1003
2. Copy of the lender's Underwriting Transmittal/1008
3. Copy of the lender's Loan Commitment/Approval and Rate Lock Sheet
(Please note: If the new first mortgage will be an ARM, please include the ARM Program Disclosure and a copy of the Note and any Rider.)
4. Complete copy a current appraisal report done within 120 days, if available
5. Complete copy of the title research: Must show the proposed loan amount and National Institutes of Health Federal Credit Union's recordation info listed as subordinating lender
6. HUD I Settlement Statement or GFE
7. Copy of current payoff letter for existing 1st mortgage
8. A check for the Processing Fee of \$175.00* or provide Authorization to remove the funds from the Member(s) account
** see the signature below
9. Closing Agent's contact information
Agent/Company Name: _____
Contact Person: _____ Email: _____
Phone #: (____) _____-_____ Fax #: (____) _____-_____
10. Please supply a pre-paid label from UPS or FEDEX
11. ___Please check, if copy of Note is required (see requirement for Member(s) signature below)**
12. Exact name of new 1st mortgage lender that will appear on the Subordination Agreement
Lender Name: _____

PLEASE READ THE FOLLOWING INFORMATION

The "turn time" can take up to 2 weeks from the date of the receipt of ALL required documents.
The \$175.00 Subordination fee is non-negotiable and must be paid to NIH Federal Credit Union prior to the release of the executed Subordination agreement.** Please note that any request for rush processing or any changes and/or modifications to the original Deed of Trust agreement will increase the fee to \$250.00. If the request for subordination is denied, the member will be notified.

** If the NIH FCU member chooses to have the subordination fee debited from their NIH FCU checking or savings account the member's signature is required below.

_____ Please take the \$175.00 (\$250.00 for rush) fee from my NIH FCU share/savings acct. # _____
_____ Please take the \$175.00 (\$250.00 for rush) fee from my NIH FCU draft/checking acct # _____

** Member's signature is required for a copy of the NOTE to be provided with the Subordination Agreement.

Member Signature: _____

NIH FEDERAL CREDIT UNION
ATTN: Mortgage Servicing
111 Rockville Pike, Suite 500
Rockville, MD 20850
Ph: 301-718-0208 Fax: 301-816-9237 E-Mail: ibrown@nihfcu.org